Gift to Agency Report	A Public	Document	ECEIVED	GIFT TO AGENCY REPO	
1. Agency Name		E 6. 1	POLITICAL TES C.Date Stamp	California O O	
State of California Manage	ed Risk Medical Insurance Board		ा ० ० वस्ता सन्त ाल	Form 80'	
Division, Department, or Reg	gion (if applicable)	2008 DE	C-1 PM 4: 15	For Official Use Only	
Street Address					
	Correments CA 05044			,	
1000 G Street, Suite 450,	Sacramento, CA 95814				
916-327-8011	1		☐ Amendment (exp	lain in comment section)	
Agency Contact (name and title	drushton@mrmib.ca.gov		Date of Original Filing:		
Diana Rushton, Filing Office				(month, day, year)	
2. Donor Name and Addre					
			National Academy	/ for State Health Policy	
Individual	First Name	_ ⊠ Other	National Academy	Name	
10 Free Street, 2nd Floor	Portland		ME	04101	
Address	City		State	Zip Code	
If "Other" is marked, describe the entity	's business activity (if business) or its nature and	interests			
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in applicable, identity the flame	of each source and the amount(s) sol	icited of receive	a by the donor for the	s gift:	
Name	Name \$Amount		Name .	\$Amount	
. Payment Information			Hans	Amount	
Travel Payment Information	(month, day, year) On (Round to whole dollars) Location o		(Round to whole dollars)		
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	whom the payment was used	l:			
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Last Name	First Name	ד	itle	Department/Division	
Last Name	First Name	Title		Department/Division	
. Verification		·			
	e interests of the agency to accept thi	s gift and use it	for the official agency	business described above.	
Konelle Love	Janette Lopez	Chief Deputy Director		11/21/08	
Signature of Agency Head or Design	ee Print Name	· · · · · · · · · · · · · · · · · · ·	Title	(month, day, year)	
Comment: (Use this space or an	n attachment for any additional information.)			

Gift to Agency Report	Α	Public I	Document	RECEI	CAY	GIFT TO AGENCY REPO
1. Agency Name			/ 1-9	Date St	(IMSELC C	California O O
State of California Managed		ce Board	20	108 DEC - 1		Form 80'
Division, Department, or Regi	on (if applicable)			00 DEC - 1	PM 4: 1	J For Official Use Only
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Area Code/Phone Number	E-mail					<u> </u>
916-327-8011	drushton@mrmib.ca.	gov		∐ Amenαmo	ent (explain in	comment section)
Agency Contact (name and title)				Date of Origin	al Filing:	(month, day, year)
Diana Rushton, Filing Office	er					(month, day, year)
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☐ Individual			- ⊠ Other	National Aca	ademy for	State Health Policy
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10 Free Street, 2nd Floor		ortland			ME	04101
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If applicable, identify the name of				d by the donor	for this gift	
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			·			Department/Division
Last Name	First Name		Ť	itle	-	Department/Division
Verification						
I have determined that it is in the	interests of the agency t	o accept this	s gift and use it i	for the official a	ngency busi	ness described above.
Jantle Loven	Janette Lopez		Chief	Deputy Direc	tor	12/1/08
Signature of Agency Head or Designee	Print N	ame		Title		(month, day, year)
Comment: (Use this space or an a	attachment for any additiona	l information.)	ı			

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Agency Name		PACTIO	CES COHPAISSI	California OA
State of California Manage	d Risk Medical Insurance Board	0000 05	DM L. LE	Form 8U
Division, Department, or Reg	ion (if applicable)	2008 DE	C-1 PM 4: 15	For Official Use Only
Street Address				
1000 G Street, Suite 450, S	Sacramento, CA 95814			
Area Code/Phone Number	E-mail		П А	
916-327-8011	drushton@mrmib.ca.gov		Amendment (explain i	in comment section)
Agency Contact (name and title)		Date of Original Filing:	(month, day, year)
Diana Rushton, Filing Offic	er			(month, day, year)
Donor Name and Addre	SS			
Individual		_ ⊠ Other	National Academy fo	r State Health Policy
Last Name	First Name	_ KJ Other		lame
10 Free Street, 2nd Floor	Portland		ME	04101
Addiess	City		State	Zip Code
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Last Name	First Name	Т	itle	Department/Division
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have determined that it is in the	e interests of the agency to accept thi	s gift and use it .	for the official agency hu	siness described above
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Signature of Agency Head of Designs	Print Name	<u> </u>	utive Director	
	3		1100	(month, day, year
omment: (Use this space or an	attachment for any additional information.)		